

**SOUTH BERWICK
SEACOAST FALL BASEBALL LEAGUE
2011 REGISTRATION**

Name: (Please Print)

Street Address: City/Town: Zip Code:

Telephone: Date of Birth:

Please check school:

Junior High **High School**

Insurance Coverage:

Insurance Number:

Doctor:

Doctor's Telephone:

Parent / Guardian (Please Print)

Parent / Guardian (Please Print)

Address:

Address:

E-mail:

E-mail:

Telephone: Home:
Cell:
Work:

Telephone: Home:
Cell:
Work:

Please list any health concerns we should be aware of:

I / We the parent(s) / guardians(s) of the above named child, give my approval to participate in the South Berwick Seacoast Fall Baseball Program. I / We assume all risk and hazards incidental to such participation including transportation; and I / We do hereby waive, release, absolve, indemnify and agree to hold harmless the Organizers, Coaches, Sponsors, and Adult Supervisors, for any claim arising out of an injury to my / our child, whether the result of negligence or for any other cause, except to the extent and in the amount covered by accident or liability insurance.

Parent / Guardian Signature:

Parent / Guardian Signature:

Date:

Date:

Registration form and \$95 fee must be returned by August 1st.
Checks made out to South Berwick Fall Ball - *No Refunds*
Send to: South Berwick Fall Ball
162 Witchtrot Rd.
South Berwick, ME 03908